

**Amendments to the Claims**

**Claims 1-83 (Cancelled).**

**Claim 84 (Previously presented):** A method for providing medical coding comprising:  
receiving a selection of a patient procedure code on a first computer;  
receiving a selection of at least one diagnosis code on the first computer;  
linking the selection of the patient procedure code to the selection of the at least one diagnosis  
code on the first computer;  
storing a relationship defined by the linking wherein the relationship includes rank ordering of  
the selection of the at least one diagnosis code linked to the selection of the patient  
procedure code.

**Claim 85 (Previously presented):** The method of claim 84 further comprising electronically  
sending patient data including the patient procedure code and the linked at least one diagnosis  
code from the first computer to a second computer.

**Claim 86 (Previously presented):** The method of claim 85 further comprising displaying the  
patient procedure code and the linked at least one diagnosis code on a display of the first  
computer prior to the step of electronically sending.

**Claim 87 (Previously presented):** The method of claim 85 further comprising generating a  
patient bill at the second computer, the patient bill associated with the patient data.

Claim 88 (Previously presented): The method of claim 84 further comprising associating the patient procedure code and the linked at least one diagnosis code with patient data including patient identifying information.

Claim 89 (Previously presented): The method of claim 84 further comprising sending patient data, including patient identifying information to the first computer from a second computer prior to the steps of receiving a selection of a patient procedure code and receiving a selection of a diagnosis code.

Claims 90-91 (Cancelled).

Claim 92 (Previously presented): A method for providing code-driven medical reporting, comprising:

receiving a selection of at least one diagnosis code on a first computer;

receiving a selection of a patient procedure code on the first computer;

linking the at least one diagnosis code in rank order to the patient procedure code such that a defined relationship between the patient procedure code and the at least one diagnosis code is maintained.

Claim 93 (Previously presented): The method of claim 92 further comprising generating a bill based on the patient procedure code and the at least one diagnosis code.

Claim 94 (Previously presented): The method of claim 84 further comprising generating a patient bill based on the selection of the patient procedure code and the selection of the at least one diagnosis code.

**Claim 95 (Previously presented):** The method of claim 84 wherein the step of linking maintains the defined relationship between the patient procedure code and the at least one diagnosis code.

**Claim 96 (Previously presented):** The method of claim 84 wherein the step of linking maintains a record of the defined relationship between the patient procedure code and the at least one diagnosis code.

**Claim 97 (Previously presented):** The method of claim 84 wherein the defined relationship is a care provider defined relationship.

**Claim 98 (Previously presented):** A method for providing code-driven medical reporting for billing purposes, comprising:  
receiving a selection of a patient procedure code on a first computer;  
receiving a selection of at least one diagnosis code on the first computer;  
linking the selection of the patient procedure code to the selection of the at least one diagnosis code on the first computer, wherein the linking of the selection of the patient procedure code and the selection of the at least one diagnosis code provides for maintaining a rank ordered relationship between the patient procedure code and the at least one diagnosis code to thereby provide a detailed record of an encounter.

**Claim 99 (Previously presented):** The method of claim 97 wherein each of the at least one diagnosis code is an ICD-9 code.

**Claim 100 (Previously presented):** The method of claim 97 wherein the patient procedure code is a CPT code.

Claim 101 (Previously presented): The method of claim 97 wherein the patient procedure code is an Evaluation and Management code.

Claim 102 (Previously presented): The method of claim 97 wherein a modifier is associated with the patient procedure code.

Claim 103 (Previously presented): The method of claim 97 wherein a unit value is assigned to the patient procedure code.

Claim 104 (Previously presented): The method of claim 97 wherein a time value is assigned to the patient procedure code.